



**Ambien CR (zolpidem extended release), Edluar (zolpidem sublingual)
Lunesta (eszopiclone), Rozerem (ramelteon), Sonata (zaleplon), Silenor (doxepin)
and Zolpimist (zolpidem oral spray)**

Step Therapy/Prior Authorization Criteria for Newer Sedative Hypnotics

Background

Zolpidem immediate release (Ambien) is DoD's preferred Uniform Formulary agent in this class. It was the number one most-prescribed agent at the time of the review, has a long record of safety and efficacy, and is the most cost effective agent for both DoD and beneficiaries. Lunesta, Silenor and Zolpimist are also on the Uniform Formulary, while Ambien CR, Rozerem, Edluar, and Sonata are non-formulary under the Uniform Formulary.

In order to promote use of zolpidem immediate release, step therapy/prior authorization requirements apply to Ambien CR, Lunesta, Rozerem, Edluar, Silenor, Sonata and Zolpimist. TRICARE coverage of these agents depends on whether you meet step therapy/prior authorization criteria.

What is Step Therapy?

Step therapy involves prescribing a safe, cost effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred drugs are only prescribed if the generic is ineffective or poorly tolerated.

Ambien CR, Lunesta, Rozerem, Edluar, Silenor, Sonata or Zolpimist will only be approved for first time users after they have tried zolpidem, the preferred agent on the Department of Defense (DoD) Uniform Formulary. Beneficiaries who filled a prescription for any of these medications during the last 180 days will not be affected by step therapy requirements and won't have to switch medications.

Patients receiving zolpidem immediate release

You will be able to receive zolpidem immediate release at a \$3 generic cost share.

Patients currently receiving Ambien CR, Lunesta, Rozerem, Edluar, Silenor, Sonata or Zolpimist

If you are currently taking any of these agents and filled a prescription through your TRICARE benefit during the previous 180 days, you will be able to continue to receive these medications at the formulary cost share for Lunesta, Silenor or Zolpimist or the non-formulary cost share for Ambien CR, Rozerem, Edluar or Sonata.

Cost shares for patients currently receiving Ambien CR, Lunesta, Rozerem, Edluar, Silenor, Sonata or Zolpimist

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Zolpidem IR (generic Ambien)	Generic cost share applies	\$0	\$0
Lunesta, Silenor, Zolpimist	Formulary (brand) cost share applies	Formulary (brand) cost share applies	\$0*
Rozerem, Sonata, Ambien CR or Edluar	Non-formulary cost share applies	Non-formulary cost share applies	Typically not available

*if on local MTF formulary

Patients starting treatment with Ambien CR, Lunesta, Rozerem, Edluar, Silenor, Sonata or Zolpimist

You must have tried zolpidem immediate release in the previous 180 days in order for TRICARE to cover a prescription for Ambien CR, Lunesta, Rozerem, Edluar, Silenor, Sonata or Zolpimist, unless you meet prior authorization criteria.

Cost shares for patients starting treatment with Newer Sedative Hypnotic Agents

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Zolpidem IR (generic Ambien)	Generic cost share applies	\$0	\$0
Lunesta, Silenor, Zolpimist	Must try zolpidem IR*		
Rozerem, Sonata, Ambien CR or Lunesta	Must try zolpidem IR*		
* or meet prior authorization criteria			

Prior Authorization Criteria

The following criteria were established by the DoD P&T Committee at their February 2007 and February 2010 meetings. The prior authorization form for these medications is available on the [TRICARE Pharmacy Prior Authorization](#) page. Effective date: 1 August 2007; revised September 2010; January 2011.

Step Therapy / Prior Authorization Criteria for Ambien CR (zolpidem extended release), Lunesta (eszopiclone), Rozerem (ramelteon), Silenor, Sonata (zaleplon) or Zolpimist(zolpidem oral spray)

TRICARE will NOT cover Ambien CR, Lunesta, Rozerem, Edluar or Sonata for new patients—defined as patients who have not filled at least one prescription for a newer sedative hypnotic in the previous 180 days at any DoD Pharmacy point of service—UNLESS the patient meets one of the following criteria:

1. The patient has tried zolpidem IR (Ambien) and had an inadequate response.
2. The patient has tried zolpidem IR (Ambien) and was unable to tolerate it due to adverse effects.
3. Treatment with zolpidem IR (Ambien) is contraindicated for this patient.
4. Rozerem or Silenor, which are non-controlled drugs with a mechanism of action different from other newer sedative hypnotics, is the most clinically suitable choice for the patient due to its apparent lack of abuse potential.
5. The patient has documented swallowing difficulties, and requires Edluar because it can be dissolved under the tongue without swallowing or Zolpimist because it is a liquid spray formulation.

Criteria approved through the Uniform Formulary decision-making process (February 2007, February 2010).

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